

(Sponsored By Everett Community Learning Center, Lincoln Parks & Recreation, and Family Services)

2004-2005

Everett Elementary School
1223 C Street



Sliding Rate Fee:

(Consideration based on income and size of household.) Complete a registration form and a sliding fee form that is available at all recreation centers, the main Parks and Recreation Office, or the Playground office. Forms must be submitted with proof of income (recent paycheck stub or tax return). Contact the Playground Office at 441-7952 to determine amount you will pay. Families receiving a sliding fee rate cannot receive the multiple child discount. PROGRAM IS APPROVED TO ACCEPT TITLE XX.

Multiple Child Discount:

Base Fee applies to the first child. Each additional child from the same family is \$5.00 off the Base Fee.

Pre-Registration:

Payment for first session must accompany completed registration form. You may register for any or all of the sessions now. Indicate which sessions you want your child to attend. Payment for later sessions required BEFORE the first day of each session.

Session	Dates	Payments Due
#1	Aug 24 - Sep 17	Due at registration
#2	Sept 20 - Oct 15	September 17 (Fri)
#3	Oct 18 - Nov 19	October 15 (Fri)
#4	Nov 22- Dec 22	November 19 (Fri)
#5	Jan 3 - 28	December 17 (Fri)
#6	Jan 31 - Feb 25	January 28 (Fri)
#7	Feb 28 - Mar 24	February 25 (Fri)
#8	Apr 4 - 29	April 1 (Fri)
#9	May 2 - June 2	April 29 (Fri)

Register Early!
We reserve the right to limit the number of registrations.

Make checks payable: Lincoln Parks and Recreation
Return to: F Street Community Center
1225 F Street
Lincoln NE 68508

For More Information
CALL 441-7952

Program B

Everett Kindergarten Wrap-Around Program

- Developmentally age appropriate hands on enrichment activities
- Opportunities in social activities, creative arts, physical play, academics

Each School Day From 12:30 until 2:53 PM
\$75 per child/per session
Adult supervision provided at all times

Everett Kindergarten Wrap Program 2004-05 REGISTRATION FORM

Participant's Name _____

Address _____ City _____ State _____ Zip _____ Grade _____

Name of Parents _____ Student's Birthdate _____

Day Phone (Name of Parent at Day Phone) _____ Evening Phone _____

Another Person to contact in case of emergency _____ Phone _____

Session Desired: Put a check mark in front of desired sessions

<input type="checkbox"/>	Session #1	<input type="checkbox"/>	Session #5	<input type="checkbox"/>	Session #9
<input type="checkbox"/>	Session #2	<input type="checkbox"/>	Session #6	<input type="checkbox"/>	
<input type="checkbox"/>	Session #3	<input type="checkbox"/>	Session #7	<input type="checkbox"/>	
<input type="checkbox"/>	Session #4	<input type="checkbox"/>	Session #8	<input type="checkbox"/>	

Amount Enclosed \$ _____ Check# _____ Receipt # _____

Waiver and Release of all Claims

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Before and/or After School Recreation, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the city of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

Signature of Parent/Guardian _____ Relationship _____ Date _____

Signature of Parent/Guardian _____ Relationship _____ Date _____

Medical Permission: In the event of an emergency, I authorize Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Signature of Parent/Guardian _____ Relationship _____ Date _____